

**OUTPROCESSING**  
**ONLY FOR GOLDBARS**

# **PCS OUTPROCESSING CHECKLIST**

## **GOLDBAR**

Date Prepared: \_\_\_\_\_

Date received at Region: \_\_\_\_\_

NAME/RANK: \_\_\_\_\_

Soldier departs \_\_\_\_\_ on: \_\_\_\_\_  
(University/Battalion or Brigade) (Date leave begins)

***\*Please forward the following documents for Out-processing***

1. **Finance Out processing** (PCS Advance Request Form, dated Jan 2004 with all supporting documents as required. **Mandatory form for all Goldbars.**
2. **PCS orders**, five(5) copies
3. **DA 137** (Installation Clearance Record or Memorandum), signed by the soldier's PMS or APMS
4. **DA 31** (Request for Leave)
5. **DA 3955** (Mail Locator Card)
6. **DA 647-1** (Personnel Register Card)

***\*\*Please keep in mind that if the soldier wants to receive any kind of advance the packet can be turned into finance at least 30 days out or NLT 15 working days to Region HQs G-1 before the soldier departs. Keep in mind that time is needed for the advances (if any) to be processed.***

# PCS ADVANCE REQUEST FORM

KN

(Privacy Act: Authority: AR 37-106, Chapter 5) Purpose: To obtain information about individual's travel. Uses: Posting information to IATS/DD 1588/Computation of advance travel. Disclosure: Mandatory. Will be denied payment if requested information is not provided.

For prompt payment of your advance payments, please complete and submit this form thru S1 to Finance up to **30 DAYS before**, but **not less than 10 DAYS prior to your DA 31 sign out date**. All travel advances are paid @ 80% with the money being direct deposited into your current military pay account. DLA is part of the travel advance. (Requests not received timely will not be processed) Entitlement will not be lost, but monies will be paid when settlement voucher is processed at new station. DFAS-St. Louis inputs/pays travel advances; local DMPO has no control of actual payment date. There are NO cash or check payments. Advance Pay Requests are processed separately from travel advances and payment will be processed based on your depart date.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Sign Out Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Present Unit: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Leave or home of record address: Street \_\_\_\_\_

(No local or unit addresses, please; Advice of City, ST, Zip \_\_\_\_\_

Payment sent to this address) (NOTE: Please, no foreign address)

Spouse's Name \_\_\_\_\_ DOM \_\_\_\_\_ Is Spouse Military \_\_\_\_\_ If Yes, SSN \_\_\_\_\_

Please list Name and date of birth (day, month, year) of children relocating:

Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____

**PLEASE READ CAREFULLY AND COMPLETE ALL SPACES ENTER YES, NO or N/A (not y or n) IN THE SPACES PROVIDED BELOW AS APPLICABLE TO YOUR PCS.**

**1) Are you requesting an advance for your travel?** \_\_\_\_\_

Is any of your travel going to be by POV? \_\_\_\_\_

If yes, then POV travel is from (City, ST) \_\_\_\_\_ To (City, ST) \_\_\_\_\_

If traveling to overseas or traveling by other than POV travel:

Are you buying your own ticket \_\_\_\_\_ Cost \$ \_\_\_\_\_ or are your tickets being issued to you \_\_\_\_\_

Ticket you purchased \* is from (City, ST) \_\_\_\_\_ To (City, ST, Country) \_\_\_\_\_

Issued tickets are from (City, ST) \_\_\_\_\_ To (City, ST or Country) \_\_\_\_\_

\*Must provide proof of purchase for advance

**2) Are your dependents relocating?** \_\_\_\_\_ **What date?** \_\_\_\_\_

Are you requesting an advance for your dependent travel? \_\_\_\_\_

Is any of their travel by POV? \_\_\_\_\_ If yes, number of POVs used for this PCS move \_\_\_\_\_

Their POV travel is from (City, ST) \_\_\_\_\_ To (City, ST) \_\_\_\_\_

**If dependents are traveling to overseas or are traveling by other than POV travel:**

Are you buying your dependents tickets \_\_\_\_\_ Cost \$ \_\_\_\_\_ or are they being issued to you \_\_\_\_\_

Tickets you purchased \* are from (City, ST) \_\_\_\_\_ to (City, ST or Country) \_\_\_\_\_

Issued tickets are from (City, ST) \_\_\_\_\_ to (City, ST or Country) \_\_\_\_\_

\*Must provide proof of purchase for advance

**3) Are you requesting an advance for Dislocation Allowance (DLA)?** \_\_\_\_\_

(No advance DLA is authorized for married soldier w/deferred travel for dependents OR if your family will not relocate within 60 days. No advance DLA will be given for single service members E-6 and below. Single Service Member's, E7 and above, must attach a statement that "government quarters will not be used, they intend to reside off post" to receive advance DLA.

**4) Are you requesting an advance pay?** \_\_\_\_\_ (If yes, must attach a completed DD 2560. No more than 1 month Basic Pay, less deductions, authorized on PCS out-processing. Pay advance is a separate EFT payment from travel advances.)

**5) TDY enroute: Lodging daily cost** \_\_\_\_\_ **Meals (circle) Govt/Comm (Must attach DD 1610)**

Soldier's Signature \_\_\_\_\_ Date \_\_\_\_\_

Finance Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*EXAMPLE\**

Heading

Office Symbol

Date

MEMORANDUM FOR Commander, Eastern Region, US Army Cadet Command,  
ATTN: ATOE-PA-P, Ft Knox, KY 40121

SUBJECT: Installation Clearance

1. This memorandum is in lieu of DA 137 (Installation Clearance Record) to certify the out-processing and clearance of all individual and unit property responsibility of (soldier's name) at (School or Brigade's Name). This includes verification of the following:

- a. Individual clothing and equipment.
- b. Organizational clothing and equipment.
- c. Leave records.
- d. Debts due to US government.

2. POC is \_\_\_\_\_, at \_\_\_\_\_.

PMS Signature block

<b>REQUEST AND AUTHORITY FOR LEAVE</b> This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See Instructions on Reverse)				1. CONTROL NUMBER	
<b>PART - I</b>					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	
5. DATE					
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER _____		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. DEPARTURE					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS					
Chargeable leave is from _____ to _____					
<b>PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL</b>					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP.					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
<b>PART III - DEPENDENT TRAVEL AUTHORIZATION</b>					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
d. PASSPORT NUMBER					
<b>PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION</b>					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	

PRINT NAME (Last, First MI)	GRADE	SSN	PURGE DATA BOX NUMBER
NEW ORGANIZATION (Complete Designation)			

**DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY:** Title 39 USC and DOD/Postal Service Agreement, 2 Feb. 59. **PRINCIPAL PURPOSE:** To route and forward (Directory) mail. **ROUTINE USES:** Used by Army military and civilian personnel in mail functions and address inquiries. Data are inspected by commanders, postal officers, and military and civilian inspectors. **DISCLOSURE:** Voluntary. However, failure to provide the requested information could result in delay/inability to forward mail.

OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code)	NEW MAILING ADDRESS (Include ZIP Code)
---	--

DATE DEPARTED OLD ORG:	DATE DUE NEW ORG:
------------------------	-------------------

QUARTERS/OFF POST ADDRESS	REMARKS
---------------------------	---------

<b>CONSENT:</b> <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.	(IF DEPARTING, COMPLETE BELOW ITEMS) HEADQUARTERS ISSUING ORDERS
--	---

SIGNATURE:	DATE	ORDER NUMBER	ORDER DATE
------------	------	--------------	------------

**DA** FORM **3955** EDITION OF 1 AUG 78 MAY BE USED.  
1 FEB 79  
**CHANGE OF ADDRESS AND DIRECTORY CARD**

For use of this form, see AR's 65-1 and 65-75, the proponent agency is TAGCEN

Completely Filled  
OUT

PERSONNEL REGISTER						
For use of this form, see AR 600-8-6; the proponent agency is ODCSPER						
NAME			ORGANIZATION			
SIGNATURE			SOCIAL SECURITY NUMBER			GRADE
DATE	ACTION		REASON			
	IN	OUT	LEAVE	TDY	PCS	OTHER
TIME						
REMARKS						